

## PCCN Quick Guide for Providers

Phoenix Children's Care Network (PCCN) is a clinically integrated network (CIN). A CIN is a network of providers who look to coordinate care for patients across a continuum of care. This coordination ensures that patients are receiving the highest quality of care while keeping network costs low and preventing the administration of duplicative tests or services.

PCCN's mission is to improve the health and well-being of children by delivering high-quality, coordinated, cost-effective pediatric care through the support and dedication of community providers in partnership with all we serve.

**PCCN Care Management and Coordination is designed to support patient, families, and care teams.**

Care Management goals are to:

<ul style="list-style-type: none"> <li>Support families with complex medical needs</li> </ul>	<ul style="list-style-type: none"> <li>Provide disease management education and support</li> </ul>
<ul style="list-style-type: none"> <li>Link families with community resources and programs</li> </ul>	<ul style="list-style-type: none"> <li>Assist families to navigate multiple healthcare sectors: primary care, sub-specialties, homehealth, government programs, education system, and mental health system</li> </ul>
<ul style="list-style-type: none"> <li>Guide families to be self-sufficient and confident in managing their child's healthcare</li> </ul>	<ul style="list-style-type: none"> <li>Manage patients' needs proactively</li> </ul>

### Eligibility Requirements:

#### Patients must be:

- Enrolled in a PCCN-contracted health plan:
  - AHCCCS Mercy Care (*CRS and DDD are included, **ALTCS excluded***)
  - AHCCCS United Healthcare Community Plan (*CRS and DDD are included, **ALTCS excluded***)
  - AHCCCS Magellan
  - AHCCCS Health Choice Arizona
  - ACN Connected Care
  - Cigna Local Plus and Open Access plans
- **AND** -
- Attributed to a PCP in the Phoenix Children's Care Network

#### Who to refer:

- Patients / Families who meet the eligibility requirements, and would benefit from assistance coordinating care, for example:
  - Patients with a new diagnosis of a chronic condition, such as Asthma or Type 1 Diabetes
  - Patients with a new mobility or cognitive baseline, such as post-trauma or neurological event
  - Medically fragile children whose parents need assistance advocating and navigating the healthcare system; especially those with home health needs or multiple sub-specialty referrals
  - Families needing assistance to access government programs, education accommodations, or mental health services
  - Patients recently discharged from the hospital with a high-likelihood of barriers, difficulties, or non-compliance to the discharge plan

#### How to refer:

A Referral Form is requested but not required and can be found on the PCCNProvider.org website:

<http://pccnprovider.org/wecare/#1475181541973-3432e536-0bc2>

**We want to make referrals easy for you! Feel free to email, fax or call - whatever works best for your practice!**

- Email: [PCCNCareManagement@PhoenixChildrens.com](mailto:PCCNCareManagement@PhoenixChildrens.com)
- Fax: 602-933-4331
- Call: 602-933-7226

## PCCN Care Management Referral Form

Please complete this form with as much information as possible.  
 FAX to (602) 933-4331 or EMAIL to [pccncaremanagement@phoenixchildrens.com](mailto:pccncaremanagement@phoenixchildrens.com)  
 Please CALL 602-933-7226 for questions or additional information.

### Referral Details

Referring Provider name:	Referral Date:
Practice Name/Division:	
Name of Contact at Practice:	Practice Contact #:
Contact Email:	
<b>Reason for Referral:</b> What support does the family need? <u>(i.e. needs assistance coordinating specialty care, non-compliance, social concerns, mental health services, disease management education support, etc.)</u>	

### Patient Information

Patient's Name:	DOB:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Insurance ID #:		
Address:		
PCP Name:	Phone #:	Fax:
<b>Insurance Plan: (Must be one of these PCCN Contracted Plans):</b> <input type="checkbox"/> Mercy Care* <input type="checkbox"/> UHCCP* <input type="checkbox"/> Magellan <input type="checkbox"/> Health Choice Arizona <input type="checkbox"/> Cigna Local Plus and Open Access <input type="checkbox"/> ACN Connected Care (Intel) <i>* Includes CRS and DDD eligible Children</i> <i>*ALTCS is excluded</i>	<b>Is the Patient/Family/Legal Authorized Representative aware of this referral?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No We find families are much more willing to engage with the PCCN care management team if the practice lets the family know ahead of time that we will be calling. <b>**If there is MPOA or Temporary Custody Orders please send with referral**</b>	

### Legal Parent/Guardian

Name:	Name:
Address:	Address:
Telephone:	Telephone:
Relationship to Patient:	Relationship to Patient:

